

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Reasonable and Prudent Parent Standard	Effective Date: October 1, 2015
	Reference: 8.F (Chapter 8 - Out-of-Home Services)	Version: 1

Children in out-of-home care should be able to participate in developmentally appropriate activities. The Indiana Department of Child Services (DCS) requires resource parent(s) to use the Reasonable and Prudent Parent Standard when determining whether a child should participate in extracurricular, enrichment, cultural, and social activities. The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests, while at the same time, encouraging the child's emotional and developmental growth. See separate policy, [8.16 Resource Parent\(s\) Role](#) for more information.

As resource parents, you will be faced with situations where you may need to determine whether or not it is appropriate for children in your care to participate in an activity. You may use the questions and the Child Development and Trauma chart below to assist in making decisions regarding these activities. You should also work closely with the Family Case Manager (FCM) and the Child and Family Team (CFT) whenever possible.

The following questions can be used to assist you when making a decision concerning the appropriateness of an activity for a child:

1. What is the child's developmental level?
2. What behaviors does the child display? Review the Child Development and Trauma Chart below to determine if the behaviors exhibited by the child match his or her chronological age.
3. What is the activity(s) in which the child is requesting to participate?
4. What activity(s) has the child participated in historically?

Review the Child Development and Trauma Chart below to determine if:

1. The child is behaving (developmentally) in a way consistent with his or her chronological age,
2. The activity(s) the child is requesting seems appropriate for his or her developmental stage, and
3. Previous activities have prepared the child for success in the activity he or she wishes to participate.

Child Development and Trauma

Infants and Toddlers

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>3 months: Holds head at 90 degree angle, uses arms to prop</p> <p>5 months: Purposeful grasp; rolls over, transfers objects from hand to hand, plays with feet, stretching, touch genitals, rock on stomach</p> <p>7 months: Sits in “tripod”; pushes head and torso off floor</p> <p>9 months: Gets to and from a sitting position; crawls, pulls to standing; finger-thumb opposition; eye-hand coordination; no hand preference</p> <p>12 months: Walking</p> <p>15 months: More complex motor skills</p> <p>2 years: Learns to climb up stairs first, then down</p>	<p>4-5 months: Coos, curious and interested in environment</p> <p>6 months: Babbles and imitates sounds</p> <p>9 months: Discriminates between parents and others; trial and error problem solving</p> <p>12 months: Beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some may use single words; receptive language more advanced than expressive language</p> <p>15 months: Learns through imitating complex behaviors; knows objects are used for specific purposes</p> <p>2 years: Two word phrases; uses more complex toys; understands sequence of putting toys and puzzles together</p>	<p>Birth: Attachment- baby settles when parent comforts</p> <p>5 months: Responsive to social stimuli</p> <p>9 months: Socially interactive; plays games with caretaker (Patty cake)</p> <p>11 months: Stranger anxiety; separation anxiety; solitary play</p> <p>2 years: Imitation, parallel and symbolic play</p>	<p>Birth – 1 year: Learns fundamental trust in self, caretakers, and environment</p> <p>1-3 years: Mastery of body and rudimentary mastery of environment (can get others to meet needs)</p> <p>12 -18 months: “Terrible twos” may begin; tantrums</p> <p>18-36 months: Feel pride when they are “good” and embarrassment when they are “bad”; Recognizes distress in others – beginning of empathy; Emotionally attached to toys or objects for security</p>	<ul style="list-style-type: none"> Chronic malnutrition; growth retardation, brain damage, possible mental retardation Head injury; skull fracture - mental retardation, cerebral palsy, paralysis, coma, blindness, deafness Internal organ injuries Chronic illness from medical neglect Delays in gross and fine motor skills, poor muscle tone Language and speech delays; may not use language to communicate Overly clingy, lack of discrimination of significant people, can’t use parent as source of comfort Passive, withdrawn, apathetic, unresponsive “Frozen watchfulness”, fearful, anxious Feel they are “bad” Immature play- cannot be involved in reciprocal, interactive play

Child Development and Trauma continued

Pre-School

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Physically active</p> <p>Weight gain: 4-5 lbs per year</p> <p>Growth: 3-4 inches per year</p> <p>Clumsy throwing balls</p> <p>Refines complex skills: hopping, jumping, climbing, running, riding “big wheels” and tricycles</p> <p>Improving fine motor skills and hand-eye coordination: cut with scissors, draw shapes</p> <p>3-3 ½: most toilet trained</p>	<p>Egocentric, illogical magical thinking</p> <p>Explosion of vocabulary</p> <p>Poor understanding of time, value, sequence of events</p> <p>Vivid imaginations; some difficulty separating fantasy from reality</p> <p>Accurate memory but more suggestible than older children</p> <p>Primitive drawing, unable to represent themselves in drawing until 4</p> <p>Do not realize others have a different perspective</p> <p>Leaves out important facts</p> <p>May misinterpret visual cues of emotions</p> <p>Receptive language better than expressive until age 4</p>	<p>Play: Cooperative, imaginative, may involve fantasy and imaginary friends,</p> <p>Takes turns in games</p> <p>Experiments with social roles</p> <p>Wants to please adults</p> <p>Development of conscience: incorporates parental prohibitions;</p> <p>Feels guilty when disobedient; simplistic idea of “good and bad” behavior</p> <p>Curious about his and other’s bodies, may masturbate</p> <p>No sense of privacy</p> <p>Primitive, stereotypic understanding of gender roles</p>	<p>Self-esteem based on what others tell him or her</p> <p>Increasing ability to control emotions; fewer emotional outbursts</p> <p>Increased frustration tolerance</p> <p>Better delayed gratification</p> <p>Rudimentary sense of self</p> <p>Understands concepts of right and wrong</p> <p>Curious</p> <p>Self-directed in many activities</p>	<ul style="list-style-type: none"> Poor muscle tone, motor coordination Poor pronunciation, incomplete sentences Cognitive delays; inability to concentrate Cannot play cooperatively Lacks curiosity or imaginative and fantasy play Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive Attachment: overly clingy, superficial attachment, shows little distress or over-reacts when separated from caregiver Underweight from malnourishment; small stature Excessively fearful, anxious, night terrors Lacks impulse control; little ability to delay gratification Exaggerated responses (tantrums, aggression) even to mild stressors Poor self-esteem, confidence, absence of initiative Blames self for abuse, placement

Child Development and Trauma continued

School - Aged

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Slow, steady growth: 3-4 inches per year</p> <p>Uses physical activities to develop gross and fine motor skills</p> <p>Motor and perceptual motor skills better integrated</p> <p>10-12 years: puberty begins for some children</p>	<p>Uses language as a communication tool</p> <p>Perspective: 5- 8 year old can recognize others' perspectives, unable to assume the role of the other 8-10 year old can recognize difference between behavior and intent 10-11 year old can accurately recognize and consider others' viewpoints</p> <p>Accurate perception of events; rational, logical thought</p> <p>Reflects upon self and attributes</p> <p>Understands concepts of space, time, and dimension</p> <p>Can remember events from months or years earlier</p> <p>More effective coping skills</p> <p>Understands how own behavior affects others</p>	<p>Friendships are situation specific</p> <p>Understands concepts of right and wrong</p> <p>Rules relied upon to guide behavior and play, and provide structure and security</p> <p>5-6 years: believes rules can be changed</p> <p>7-8 years: strict adherence to the rules</p> <p>9-10 years: rules can be negotiated</p> <p>Begins understanding social roles; regards them as inflexible; practices social roles</p> <p>Can adapt behavior to fit different situations;</p> <p>Takes on more responsibilities at home</p> <p>Less fantasy play, more team sports, board games</p> <p>Morality: avoid punishment; self-interested exchanges</p>	<p>Self- esteem based on ability to perform and produce</p> <p>Alternative strategies for dealing with frustration and expressing emotions</p> <p>Sensitive to other's opinions about themselves</p> <p>6-9 years: has questions about pregnancy, intercourse, sexual swearing, looks for nude pictures in books</p> <p>10-12 years: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing)</p>	<ul style="list-style-type: none"> Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers Little impulse control Act out with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing Extreme reaction to perceived danger May be mistrustful of adults or overly solicitous May speak in unrealistically glowing terms about parents Difficulties in peer relationships Unable to initiate, participate in, or complete activities, give up quickly Tests commitment of foster and adoptive parents with negative behaviors Role reversal to please parents and takes care of parents and younger siblings Emotional disturbances: depression, anxiety, PTSD, conduct disorders, attachment disorders

Child Development and Trauma continued

Adolescents

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Growth spurt: Girls 11 – 14 years Boys 13 – 17 years</p> <p>Puberty: Girls 11 – 14 years Boys 12 – 15 years</p> <p>Youth acclimates to changes in body</p>	<p>Thinks hypothetically: calculates consequences of thoughts and actions without experiencing them; considers a number of possibilities and plans behavior accordingly</p> <p>Thinks logically: identifies and rejects possible outcomes based on logic</p> <p>Introspection and self-analysis</p> <p>Insight, perspective taking: understands and considers others' perspectives and perspectives of social systems</p> <p>Systematic problem solving, considers multiple solutions and plan a course of action</p> <p>Cognitive development is uneven and impacted by emotionality</p>	<p>12 – 14 years Psychologically distances self from parents; identifies with peer group; social status largely related to group membership; social acceptance depends on conformity to observable traits or roles; need to be independent from all adults; ambivalent about sexual relationships, sexual behavior is exploratory</p> <p>15 – 17 years Friendships based on loyalty, understanding, trust Self-revelation is first step toward intimacy; conscious choices about adults to trust; respect honesty and straightforwardness from adults; may become sexually active Morality: golden rule; conformity with law is necessary for good of society</p>	<p>Identity formation 12 – 14 years Self-conscious about physical appearance and early or late development; body image rarely objective May over-react to parental questions or criticisms Engages in activities for intense emotional experience Risky behavior; blatant rejection of parental standards; relies on peer group for support</p> <p>15 – 17 years Examination of others' values, beliefs; forms identity by organizing perceptions of one's attitudes, behaviors, values into coherent "whole" identity</p>	<ul style="list-style-type: none"> • All the problems listed in the school-aged section • Identity confusion; inability to trust in self to be a healthy adult; expects to fail; may appear immobilized and without direction • Poor self-esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy • May overcompensate for negative self-esteem by being narcissistic; unrealistically self-complimentary, grandiose expectations for self • May engage in self-defeating behavior, withdraw • Lacks capacity to manage intense emotions; frequent and violent mood swings • May be unable to form or maintain satisfactory relationships with peers

Charts adapted from: Developmental Milestones Chart Developed by The Institute for Human Services for the Ohio Child Welfare Training Program, October 2007